

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

JOHN MUIR HEALTH

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
1400 TREAT BOULEVARD STE 300

City or town, state or country, and ZIP + 4
WALNUT CREEK, CA 94597

D Employer identification number

94-1461843

E Telephone number

(925) 939-3000

G Gross receipts \$ 1,326,552,849

F Name and address of Principal Officer

J KENDALL ANDERSON
1400 TREAT BOULEVARD STE 300
WALNUT CREEK, CA 94597

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number

I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: WWW.JOHNMUIRHEALTH.COM

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation 1958

M State of legal domicile CA

Part I Summary

| | | | |
|-----------------------------|--|-------------------|---------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE WITH QUALITY AND COMPASSION | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 5,788 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 1,450 |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | 6,363,040 |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 71,591 |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 3,080,888 | 1,933,702 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 926,436,062 | 991,757,759 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 26,630,144 | -83,185,444 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 79,749,548 | 41,473,171 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,035,896,642 | 951,979,188 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 1,653,412 | 3,395,110 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 481,778,958 | 543,722,635 |
| | b (Total fundraising expenses, Part IX, column (D), line 25 ⁰) | | 0 |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | |
| | 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) | 443,885,915 | 448,643,269 |
| Net Assets or Fund Balances | 19 Revenue less expenses Subtract line 18 from line 12 | 927,318,285 | 995,761,014 |
| | 20 Total assets (Part X, line 16) | 108,578,357 | -43,781,826 |
| | 21 Total liabilities (Part X, line 26) | Beginning of Year | End of Year |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 1,594,708,722 | 1,504,472,732 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: MICHAEL MOODY CFO
Date: 2009-11-13

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: DELOITTE TAX LLP
50 FREMONT STREET
SAN FRANCISCO, CA 94105

Preparer's PTIN (See Gen Inst): _____ EIN: _____ Phone no: (415) 783-4000

May the IRS discuss this return with the preparer shown above? (See instructions.) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)**1** Briefly describe the organization's mission:

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 390,311,751 including grants of \$) (Revenue \$ 401,598,141)

GENERAL MEDICINE AND SURGERY ARE JOHN MUIR'S CORE PROGRAMS. ACHIEVEMENTS INCLUDED (1) RECOGNITION IN US NEWS AND WORLD REPORT AS ONE OF "AMERICA'S BEST HOSPITALS" IN FIVE AREAS, INCLUDING FOUR IN GENERAL MEDICINE AND SURGERY, GASTROINTESTINAL, RESPIRATORY, GERIATRICS, AND ENDOCRINOLOGY, (2) RECOGNITION BY THE AMERICAN NURSES CREDENTIALING CENTER AS A "MAGNET PROGRAM" FOR NURSING AT THE WALNUT CREEK CAMPUS, (3) RECOGNITION BY HEALTHGRADES AS PERFORMING IN THE TOP 5% OF ALL HOSPITALS NATIONALLY, RANKED FOR MORTALITY AND COMPLICATION RATES, (4) AWARDED THE "CONSUMER CHOICE AWARD" BY NRC, FOR BEST IMAGE AND REPUTATION, BEST DOCTORS, BEST NURSES, AND BEST OVERALL QUALITY IN OUR SERVICE AREA, (5) STARTED CONSTRUCTION ON NEW PATIENT CARE TOWERS ON BOTH CAMPUSES, TO BRING FACILITIES UP TO CURRENT SEISMIC STANDARDS AND ADD NEEDED BED AND ANCILLARY CAPACITY, (6) LAUNCHED NEW TECHNOLOGY INFRASTRUCTURE IN OUR CRITICAL CARE AREAS, VISICU'S E-ICU SYSTEM, TO ENHANCE PATIENT MONITORING.

4b (Code) (Expenses \$ 103,645,299 including grants of \$) (Revenue \$ 100,227,432)

CARDIAC CARE IS THE SECOND LARGEST PROGRAM FOR JOHN MUIR. ACHIEVEMENTS IN 2008 INCLUDED (1) RECOGNITION BY HEALTHGRADES FOR EXCELLENCE IN CARDIAC CARE -- AWARDED FIVE STARS (THE HIGHEST SCORE) FOR PATIENT OUTCOMES IN CORONARY ARTERY BYPASS SURGERY, VALVE REPLACEMENT SURGERY, TREATMENT OF HEART FAILURE, TREATMENT OF HEART ATTACK, AND OVERALL CARDIAC SERVICES. THE CONCORD CAMPUS WAS RANKED AS ONE OF THE TOP FIVE HOSPITALS IN CA FOR CARDIAC SURGERY OUTCOMES, (2) THE AMERICAN HEART ASSOCIATION AWARDED BOTH CAMPUSES TRIPLE PERFORMANCE ACHIEVEMENT AWARDS FOR IMPLEMENTING PROVEN EVIDENCE BASED GUIDELINES AND PROCEDURES IN HEART FAILURE, HEART ATTACK AND STROKE CARE, (3) BOTH CAMPUSES WERE DESIGNATED AS HIGH-RISK HEART ATTACK (STEMI) RECEIVING CENTERS BY CONTRA COSTA COUNTY'S DEPARTMENT OF EMERGENCY MEDICAL SERVICES.

4c (Code) (Expenses \$ 85,883,092 including grants of \$) (Revenue \$ 79,339,045)

ORTHOPEDICS IS THE THIRD LARGEST PROGRAM. IN 2008, WE WERE PLEASED TO BE RECOGNIZED FOR THE SECOND TIME, HAVING ALSO BEEN NAMED IN 2007, BY US NEWS AND WORLD REPORT AS ONE OF "AMERICA'S BEST HOSPITALS" FOR ORTHOPEDICS.

(Code) (Expenses \$ 311,881,178 including grants of \$ 3,395,110) (Revenue \$ 445,705,242)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 891,721,320 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | No |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | No |
| 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | No |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 Yes | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | No |
| 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the U S? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | No |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | No |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 Yes | |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 Yes | |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 Yes | |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 Yes | |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 Yes | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a Yes | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b Yes | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | No |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | No |
| 25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | No |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | No |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 Yes | |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | No |

Part IV Checklist of Required Schedules (Continued)

| | Yes | No |
|---|----------------|----|
| 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | |
| a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> | 28a Yes | |
| b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | 28b Yes | |
| c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | 28c Yes | |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | No |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | 34 Yes | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35 Yes | |
| 36 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | No |
| 37 Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | No |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|------------|-------|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | | |
| 1a | 630 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 5,788 |
| b | If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | Yes |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | Yes |
| b | If "Yes," enter the name of the foreign country <u>CJ</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? | 5c | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? | 7a | Yes |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

Part VII Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)
Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Yes | No |
|--|-----|----|
| 1a Enter the number of voting members of the governing body | | |
| 1b Enter the number of voting members that are independent | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | Yes | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | No |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | | No |
| 6 Does the organization have members or stockholders? | Yes | |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | No |
| 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | Yes | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a the governing body? | Yes | |
| b each committee with authority to act on behalf of the governing body? | Yes | |
| 9a Does the organization have local chapters, branches, or affiliates? | | No |
| 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | Yes | |
| 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

Section B. Policies

| | Yes | No |
|---|-----|----|
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | Yes | |
| 13 Does the organization have a written whistleblower policy? | Yes | |
| 14 Does the organization have a written document retention and destruction policy? | Yes | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | |
| a The organization's CEO, Executive Director, or top management official? | Yes | |
| b Other officers or key employees of the organization? | Yes | |
| Describe the process in Schedule O | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | Yes | |
| 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | Yes | |

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ own website ☒ another's website ☒ upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 MICHAEL MOODY
 1400 TREAT BLVD
 WALNUT CREEK, CA 94597
 (925) 939-3000

Part VII Continued

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization: 1,356

| | | Yes | No |
|---|--|-------|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 Yes | |
| 4 | For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| ARUP LABORATORIES PO BOX 2794 SALT LAKE CITY, UT 84127 | MEDICAL SERVICES | 2,414,275 |
| CORINTHIAN INT'L PARKING SERVICES 19925 STEVENS CREEK BLVD CUPERTINO, CA 95014 | PARKING SERVICES | 1,379,421 |
| CONTRA COSTA PATHOLOGY ASSOCIATION 1149 MARTINO DR LAFAYETTE, CA 94549 | MEDICAL SERVICES | 1,112,988 |
| LATHAM & WATKINS PO BOX 3894284 LOS ANGELES, CA 90189 | LEGAL SERVICES | 1,036,818 |
| DELOITTE & TOUCHE LLP PO BOX 403568 ATLANTA, GA 30384 | PROFESSIONAL SERVICES | 761,380 |
| 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization | | 77 |

Part VIII**Statement of Revenue**

| | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|---|---|--|----------------------|--|---|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a | | | | |
| | b | Membership dues | | | | |
| | | 1b | | | | |
| | c | Fundraising events 36,000 | | | | |
| | | 1c | | | | |
| | d | Related organizations 1,381,998 | | | | |
| | e | Government grants (contributions) 1e 6,800 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 508,904 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ 1f | | | | |
| h | Total (Add lines 1a-1f) | 1,933,702 | | | | |
| Program Service Revenue | 2a PATIENT REVENUE | | 900,099 | 903,638,738 | | |
| | b MEDICARE REVENUE | | 900,099 | 81,853,932 | | |
| | c PREMIUM REVENUE | | 900,099 | 6,265,089 | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | | | | |
| | ► \$ 991,757,759 | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest other similar amounts) | 25,777,689 | | 1,970 | 25,775,719 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | | (i) Real (ii) Personal | | | | |
| | 6a | Gross Rents | | | | |
| | b | Less rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | |
| | | (i) Securities (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 265,545,762 | 12,340 | | |
| | b | Less cost or other basis and sales expenses | 374,420,027 | 101,208 | | |
| | c | Gain or (loss) | -108,874,265 | -88,868 | | |
| | d | Net gain or (loss) | -108,963,133 | | | -108,963,133 |
| | 8a | Gross income from fundraising events (not including \$ 156,282 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a | 36,000 | | | |
| | b | Less direct expenses b | 52,426 | | | |
| | c | Net income or (loss) from fundraising events | 103,856 | 103,856 | | |
| | 9a | Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a | | | | |
| | b | Less direct expenses b | | | | |
| c | Net income or (loss) from gaming activities | | | | | |
| 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| b | Less cost of goods sold b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a | OTHER OPERATING REVENUE | 900,099 | 41,369,315 | 35,008,245 | 6,361,070 | |
| b | | | | | | |
| c | | | | | | |
| d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | \$ 41,369,315 | | | | |
| 12 | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | 951,979,188 | 1,026,869,860 | 6,363,040 | -83,187,414 |

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|------------------------------|--|---|------------------------------------|
| 1 | Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 3,345,110 | 3,345,110 | | |
| 2 | Grants and other assistance to individuals in the U S See Part IV, line 22 | 50,000 | 50,000 | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 10,406,806 | 5,203,403 | 5,203,403 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 409,909,390 | 385,495,399 | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 16,300,601 | 13,485,322 | 2,815,279 | |
| 9 | Other employee benefits | 86,076,698 | 77,306,348 | 8,770,350 | |
| 10 | Payroll taxes | 21,029,140 | 19,069,310 | 1,959,830 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 1,086,404 | 335,663 | 750,741 | |
| c | Accounting | 526,206 | 263,103 | 263,103 | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 15,672,932 | 14,839,431 | 833,501 | |
| 17 | Travel | 1,701,927 | 1,430,482 | 271,445 | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| 19 | Conferences, conventions and meetings | | | | |
| 20 | Interest | 15,744,622 | 15,744,622 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 46,477,236 | 43,133,337 | 3,343,899 | |
| 23 | Insurance | | | | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a | BAD DEBT EXPENSE | 89,578,623 | 89,578,623 | | |
| b | PURCHASED SERVICES | 88,208,312 | 60,500,340 | 27,707,972 | |
| c | SUPPLIES | 62,179,541 | 60,195,295 | 1,984,246 | |
| d | UNCOLLECTIBLE ACCOUNTS | 39,513,091 | 39,513,091 | | |
| e | PROFESSIONAL FEES | 35,754,291 | 35,336,064 | 418,227 | |
| f | All other expenses | 52,200,084 | 26,896,377 | 25,303,707 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 995,761,014 | 891,721,320 | 104,039,694 | 0 |
| 26 | Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year |
|---|---|--------------------------|------------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 |
| | 2 Savings and temporary cash investments | 37,998,283 | 2 30,719,444 |
| | 3 Pledges and grants receivable, net | | 3 |
| | 4 Accounts receivable, net | 130,859,964 | 4 163,631,201 |
| | 5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> | | 5 |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> | | 6 |
| | 7 Notes and loans receivable, net | 1,357,486 | 7 2,620,153 |
| | 8 Inventories for sale or use | 3,194,717 | 8 3,061,352 |
| | 9 Prepaid expenses and deferred charges | 14,248,549 | 9 10,683,174 |
| | 10a Land, buildings, and equipment cost basis | 10a 725,289,854 | |
| | b Less accumulated depreciation <i>Complete Part VI of Schedule D</i> | 10b 186,952,590 | 10c 538,337,264 |
| | 11 Investments—publicly traded securities | 703,556,954 | 11 538,884,445 |
| | 12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> | | 12 |
| | 13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> | | 13 |
| | 14 Intangible assets | | 14 |
| 15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> | 329,495,801 | 15 216,535,699 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,594,708,722 | 16 1,504,472,732 | |
| Liabilities | 17 Accounts payable and accrued expenses | 148,217,814 | 17 87,874,101 |
| | 18 Grants payable | | 18 |
| | 19 Deferred revenue | | 19 |
| | 20 Tax-exempt bond liabilities | 432,633,436 | 20 385,408,210 |
| | 21 Escrow account liability <i>Complete Part IV of Schedule D</i> | | 21 |
| | 22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> | | 22 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 4,125,698 | 23 2,677,776 |
| | 24 Unsecured notes and loans payable | | 24 |
| | 25 Other liabilities <i>Complete Part X of Schedule D</i> | 131,552,745 | 25 339,198,225 |
| | 26 Total liabilities. Add lines 17 through 25 | 716,529,693 | 26 815,158,312 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 875,938,202 | 27 687,148,247 |
| | 28 Temporarily restricted net assets | 2,240,827 | 28 2,166,173 |
| | 29 Permanently restricted net assets | | 29 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | | 30 |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 |
| 33 Total net assets or fund balances | 878,179,029 | 33 689,314,420 | |
| 34 Total liabilities and net assets/fund balances | 1,594,708,722 | 34 1,504,472,732 | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|---|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | No |
| b | Were the organization's financial statements audited by an independent accountant? | | No |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b | If "Yes," did the organization undergo the required audit or audits? | | |

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add line 1-3 | | | | | | |
| 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support subtract line 5 from line 4 | | | | | | |

Total Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total Support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc. (See instructions.) | | | | | 12 | |
| 13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | |
| 16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Total of lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

Total Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total Support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g | 16 | |

Computation of Investment Income Percentage

| | | |
|---|-----------|--|
| 17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | |

- 19a 33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- b 33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D
(Form 990)Department of the
Treasury
Internal Revenue
Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008**Open to Public
Inspection**Name of the organization
JOHN MUJR HEALTH

Employer identification number

94-1461843

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate Contributions to (during year) | | |
| 3 Aggregate Grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

| | Held at the End of the Year |
|---|--|
| 1 Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure <input type="checkbox"/> Preservation of open space | |
| 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year | |
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ | |
| 4 Number of states where property subject to conservation easement is located ▶ | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶ | |
| 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ | |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements | |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

| | |
|---|------|
| 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items | |
| b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items | |
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| (ii) Assets included in Form 990, Part X | ▶ \$ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items | |
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X | ▶ \$ |

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain why in Part XIV and complete the following table
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
| 2 Provide the estimated percentage of the year end balance held as | | | | | |
| a Board designated or quasi-endowment ▶ | | | | | |
| b Permanent endowment ▶ | | | | | |
| c Term endowment ▶ | | | | | |
| 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by | | | | | |
| (i) unrelated organizations | | | | | |
| (ii) related organizations | | | | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | | | | |
| 4 Describe in Part XIV the intended uses of the organization's endowment funds | | | | | |

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 725,289,854 | 186,952,590 | 538,337,264 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 538,337,264 |

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶ | | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| Part VII Investments—Program Related. See Form 990, Part X, line 13. | | |
|--|----------------|---|
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | |

Part IX Other Assets. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| REAL ESTATE HELD FOR FUTURE USE | 5,902,965 |
| EQUITY INVESTMENTS | 25,888,651 |
| EMPLOYEE BENEFITS | 34,082,109 |
| RESTRICTED DONATION INVESTMENT | 2,165,958 |
| DEFERRED FINANCING | 4,960,608 |
| OTHER LONG TERM ASSETS-BOND FUNDS | 138,365,219 |
| ASSET LIMITED TO USE | 4,656,300 |
| GOODWILL | 513,889 |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) | 216,535,699 |

Part X Other Liabilities. See Form 990, Part X, line 25.

| (a) Description of Liability | (b) Amount |
|--|-------------|
| Federal Income Taxes | |
| WORKERS COMPENSATION | 33,823,892 |
| PENSION LIABILITY | 90,236,875 |
| POST RETIREMENT COMPENSATION BENEFITS | 33,641,544 |
| OTHER NON-CURRENT LIABILITIES | 57,131,495 |
| DUE TO RELATED PARTIES | 124,364,419 |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 339,198,225 |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|-----------|---|-----------|--|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|---|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.) | 5 | |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|--|-----------|--|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.) | 5 | |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Part XIV Supplemental Information(continued)

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open to Public
InspectionDepartment of the
Treasury
Internal Revenue
Service▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,
lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.Name of the organization
JOHN MUIR HEALTH

Employer identification number

94-1461843

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.**a** ☐ Mail solicitations**b** ☐ Email solicitations**c** ☐ Phone solicitations**d** ☐ In-person solicitations**e** ☐ Solicitation of non-government grants**f** ☐ Solicitation of government grants**g** ☐ Special fundraising events**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☒ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is
to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|--------------------------------------|---|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or
licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|------------------------|---|--|--------------|------------------|-------------------------------|
| | | GOLF TOURNAMENT (event type) | (event type) | (total number) | (Add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 192,282 | | | 192,282 |
| | 2 Less Charitable contributions | 36,000 | | | 36,000 |
| | 3 Gross revenue (line 1 minus line 2) | 156,282 | | | 156,282 |
| Direct Expenses | 4 Cash Prizes | | | | |
| | 5 Non-cash Prizes | | | | |
| | 6 Rent/Facility costs | 33,816 | | | 33,816 |
| | 7 Other direct expenses | 18,610 | | | 18,610 |
| | 8 Direct expense summary Add lines 4 through 7 in column (d) | | | | 52,426 |
| | 9 Net income summary Combine lines 3 and 8 in column (d) | | | | 103,856 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|--|---|---|---|--|
| 1 Gross revenue | | | | |
| 2 Cash prizes | | | | |
| 3 Non-cash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | |
| 8 Net gaming income summary Combine lines 1 and 7 in column (d) | | | | |

| | Yes | No |
|---|------------|----|
| 9 Enter the state(s) in which the organization operates gaming activities _____ | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b If "No," Explain _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b If "Yes," Explain _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | |

| | | Yes | No |
|------------|--|------------|----|
| 13 | Indicate the percentage of gaming activity operated in | | |
| a | The organization's facility 13a | | |
| b | An outside facility 13b | | |
| 14 | Provide the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | Name ▶ _____ | | |
| | Address ▶ _____ | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ | | |
| c | If "Yes," enter name and address | | |
| | Name ▶ _____ | | |
| | Address ▶ _____ | | |
| 16 | Gaming manager information | | |
| | Name ▶ _____ | | |
| | Gaming manager compensation ▶ \$ _____ | | |
| | Description of services provided ▶ _____ | | |
| | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | |
| 17 | Mandatory distributions | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ | | |

SCHEDULE H
(Form 990)Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that
answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public
InspectionName of the organization
JOHN MUIR HEALTH

Employer identification number

94-1461843

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

| | Yes | No |
|---|-----------|----|
| 1a Does the organization have a charity care policy? If "No," skip to question 6a | 1a | |
| b If "Yes," is it a written policy? | 1b | |
| 2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals | | |
| 3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | 3a | |
| b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | 3b | |
| c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care | 4 | |
| 4 Does the organization's policy provide free or discounted care to the "medically indigent"? | 4 | |
| 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a | |
| b If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | |
| 6a Does the organization prepare an annual community benefit report? | 6a | |
| 6b If "Yes," does the organization make it available to the public? | 6b | |
| Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | | |

7 Charity Care and Certain Other Community Benefits at Cost

| Charity Care and Means-Tested Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Charity care at cost (from worksheets 1 and 2) | | | | | | |
| b Unreimbursed Medicaid (from worksheet 3, column a) | | | | | | |
| c Unreimbursed costs—other means-tested government programs (from worksheet 3, column b) | | | | | | |
| d Total Charity Care and Means-Tested Programs | | | | | | |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from worksheet 4) | | | | | | |
| f Health professions education (from worksheet 5) | | | | | | |
| g Subsidized health services (from worksheet 6) | | | | | | |
| h Research (from worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from worksheet 8) | | | | | | |
| j Total Other Benefits | | | | | | |
| k Total (line 7d and 7j) | | | | | | |

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)**Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1
- 2 Enter the amount of the organization's bad debt expense (at cost) 2
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

Yes No

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) 5
- 6 Enter Medicare allowable costs of care relating to payments on line 5 6
- 7 Enter line 5 less line 6—surplus or (shortfall) 7
- 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used

☐ Cost accounting system
☐ Cost to charge ratio
☐ Other
Section C. Collection Practices

- 9a Does the organization have a written debt collection policy? 9a
- 9b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI 9b

Part IV Management Companies and Joint Ventures (Optional for 2008)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

Name and address

Schedule H (Form 990) 2008

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves

3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Employer identification number

94-1461843

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

[illegible]

2 Enter total number of section 501(c)(3) and government organizations 3

3 Enter total number of other organizations

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

[illegible]

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2008**Open to Public
Inspection**Department of the
Treasury
Internal Revenue
Service**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees****► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.****Name of the organization**
JOHN MUIR HEALTH**Employer identification number**

94-1461843

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a**a** Receive a severance payment or change of control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.

7 For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

Yes No

1b Yes**2** Yes**4a** Yes**4b** Yes**4c** No**5a** No**5b** No**6a** Yes**6b** Yes**7** No**8** No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------------------|-------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| J KENDALL ANDERSON | (i) (ii) | 744,994 | 344,925 | 5,413,328 | 925,775 | 25,313 | 7,454,335 | |
| WILLIAM K HODDICK MD | (i) (ii) | | | 174,920 933 | | | 174,920 933 | |
| MICHAEL MOODY | (i) (ii) | 326,467 | 81,000 | 15,273 | 88,514 | 23,415 | 534,669 | |
| KENNETH MEEHAN | (i) (ii) | 452,171 | 177,237 | 9,261 | 257,546 | 26,390 | 922,605 | |
| PAUL SWENSON | (i) (ii) | 415,002 | 170,000 | 15,806 | 248,824 | 24,035 | 873,667 | |
| JANE WILLEMSSEN | (i) (ii) | 370,656 | 125,195 | 38,842 | 163,914 | 24,845 | 723,452 | |
| THOMAS HARLAN | (i) (ii) | 240,800 | 102,600 | 109,263 | 43,286 | 19,970 | 515,919 | |
| ERIC SAFF | (i) (ii) | 310,877 | 87,300 | 8,818 | 81,988 | 28,141 | 517,124 | |
| NEIL MILLER | (i) (ii) | 294,382 | 74,984 | 16,352 | 85,382 | 23,289 | 494,389 | |
| ALICE VILLANUEVA | (i) (ii) | 276,619 | 77,778 | 16,909 | 103,083 | 24,602 | 498,991 | |
| BEVERLY JONES | (i) (ii) | 259,064 | 78,320 | 18,135 | 163,289 | 21,441 | 540,249 | |
| R SCOTT LIFF | (i) (ii) | 270,067 | 68,791 | 11,065 | 120,133 | 23,543 | 493,599 | |
| JEROME KLUSKY | (i) (ii) | | | 361,444 | | | 361,444 | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

[illegible]

Software ID:
Software Version:
EIN: 94-1461843
Name: JOHN MUIR HEALTH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|----------------------|-------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| J KENDALL ANDERSON | (i) (ii) | 744,994 | 344,925 | 5,413,328 | 925,775 | 25,313 | 7,454,335 | |
| WILLIAM K HODDICK MD | (i) (ii) | | | 174,920 933 | | | 174,920 933 | |
| MICHAEL MOODY | (i) (ii) | 326,467 | 81,000 | 15,273 | 88,514 | 23,415 | 534,669 | |
| KENNETH MEEHAN | (i) (ii) | 452,171 | 177,237 | 9,261 | 257,546 | 26,390 | 922,605 | |
| PAUL SWENSON | (i) (ii) | 415,002 | 170,000 | 15,806 | 248,824 | 24,035 | 873,667 | |
| JANE WILLEMSSEN | (i) (ii) | 370,656 | 125,195 | 38,842 | 163,914 | 24,845 | 723,452 | |
| THOMAS HARLAN | (i) (ii) | 240,800 | 102,600 | 109,263 | 43,286 | 19,970 | 515,919 | |
| ERIC SAFF | (i) (ii) | 310,877 | 87,300 | 8,818 | 81,988 | 28,141 | 517,124 | |
| NEIL MILLER | (i) (ii) | 294,382 | 74,984 | 16,352 | 85,382 | 23,289 | 494,389 | |
| ALICE VILLANUEVA | (i) (ii) | 276,619 | 77,778 | 16,909 | 103,083 | 24,602 | 498,991 | |
| BEVERLY JONES | (i) (ii) | 259,064 | 78,320 | 18,135 | 163,289 | 21,441 | 540,249 | |
| R SCOTT LIFF | (i) (ii) | 270,067 | 68,791 | 11,065 | 120,133 | 23,543 | 493,599 | |
| JEROME KLUSKY | (i) (ii) | | | 361,444 | | | 361,444 | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|--------------------------|------------------|---|
| | Part I, Line 1a | THE COMPANY HAS A POLICY WHEREBY CERTAIN PAYMENTS TO EMPLOYEES AND MEMBERS OF THE BOARD OF DIRECTORS ARE GROSSED UP. THESE PAYMENTS ARE NOT A USUAL OCCURRENCE AND ARE EVALUATED AND APPROVED BY THE CEO OR A KEY EMPLOYEE AND THE CFO. ADDITIONALLY, FOR CERTAIN MEMBERS OF MANAGEMENT THAT ARE RECRUITED FROM OUTSIDE OF THE AREA, A HOUSING ALLOWANCE CAN BE PROVIDED AS PART OF THE RECRUITMENT PROCESS. EACH RECRUITMENT IS EVALUATED ON A CASE-BY-CASE BASIS ON THE CURRENT MARKET AND THE QUALIFICATIONS OF THE CANDIDATE TO DETERMINE WHETHER OR NOT THE INCLUSION OF A HOUSING ALLOWANCE WILL BE PART OF THE RECRUITMENT PACKAGE. FOR CERTAIN MEMBERS OF MANAGEMENT, A REIMBURSEMENT OF UP TO 50% OF HEALTH CLUB DUES IS AVAILABLE. THIS PERQUISITE IS INCLUDED AS PART OF THE EVALUATION OF THE ANNUAL COMPENSATION EVALUATION PROCESS. ALL COMPONENTS DISCUSSED IN THIS SECTION ARE TREATED AS TAXABLE INCOME FOR THE EMPLOYEE RECEIVING THE PAYMENT. |
| | Part I, Line 4a | LINE 4A THOMAS HARLAN - \$72,240 LINE 4B J KENDALL ANDERSON - \$6,020,411 KENNETH MEEHAN - \$105,651 PAUL SWENSON - \$119,620 JANE WILLEMSSEN - \$54,062 |
| | Part I, Line 6 | THE CORPORATION, WITH THE OVERSIGHT AND APPROVAL OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, BASES A PORTION OF ANNUAL MANAGEMENT INCENTIVE PAYMENTS ON THE CONSOLIDATED NET EARNINGS TARGETS OF THE JOHN MUIR HEALTH. ADDITIONALLY, WHERE APPROPRIATE MANAGEMENT OVERSIGHT EXISTS, A PORTION OF AN EXECUTIVE'S MANAGEMENT INCENTIVE CAN ALSO BE BASED ON THE NET EARNINGS TARGETS OF THE CORPORATION AND VARIOUS SUBSIDIARIES. PAYMENTS TO MANAGEMENT PERSONNEL ARE MADE IN THE SUBSEQUENT YEAR BASED ON THE LEVEL OF ACHIEVEMENT OF ALL ELEMENTS OF THE INCENTIVE PROGRAM, OF WHICH NET EARNINGS TARGETS ARE A COMPONENT. THEREFORE, EACH YEAR AN ACCRUAL OF THE ESTIMATED PAYMENTS FOR MANAGEMENT INCENTIVES IS INCLUDED IN THE CALCULATION OF NET EARNINGS TARGETS FOR THAT YEAR. THE INCENTIVE PROGRAMS FOR THE MANAGEMENT OF JOHN MUIR HEALTH ARE DEVELOPED AND REVIEWED BY AN OUTSIDE CONSULTANT WHOSE EXPERTISE IS IN COMPENSATION AND WHO DEVELOPS MARKET DATA FOR SIMILAR ORGANIZATIONS AS A BASIS FOR THE CORPORATION'S INCENTIVE PROGRAM. THE INCENTIVE PROGRAM AND MARKET DATA IS REVIEWED WITH THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. |
| Supplemental Information | Part III | J KENDALL ANDERSON RECEIVED A SUPPLEMENTAL EMPLOYEE RETIREMENT PLAN ("SERP") PAYOUT OF \$5,374,708 FOR HIS PRIOR 35 YEARS OF SERVICE WITH JOHN MUIR HEALTH IN 2008. ADDITIONALLY, IN 2009, J KENDALL ANDERSON RECEIVED A TRUE UP PAYMENT FOR HIS SERP OF \$597,320, WHICH IS INCLUDED IN DEFERRED INCOME. THIS PAYOUT WAS BASED ON A FORMULA OF YEARS OF SERVICE AND AN INCOME REPLACEMENT OF 60%. THIS SUPPLEMENTAL RETIREMENT BENEFIT WAS AT-RISK UNTIL HE REACHED AGE 65, AT WHICH TIME IT WAS REQUIRED BY THE IRS TO BE PAID OUT. THE SUPPLEMENTAL RETIREMENT BENEFIT, AS WELL AS ALL ELEMENTS OF J KENDALL ANDERSON'S COMPENSATION AND BENEFITS, ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF ITS BOARD OF DIRECTORS WHO ENSURES, THROUGH AN INDEPENDENT THIRD PARTY EXPERT, THAT JOHN MUIR HEALTH'S COMPENSATION PHILOSOPHY AND POLICIES ARE MET. COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER, OTHER OFFICERS AND KEY EMPLOYEES ARE ESTABLISHED ANNUALLY BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE UTILIZES AN OUTSIDE CONSULTANT WHO IS A COMPENSATION EXPERT. THE OUTSIDE CONSULTANT PROVIDES MARKET DATA FOR EACH INDIVIDUAL BASED UPON THEIR LEVEL OF RESPONSIBILITIES AND THAT DATA IS USED BY THE COMPENSATION COMMITTEE TO ESTABLISH THE ANNUAL COMPENSATION PACKAGE FOR EACH INDIVIDUAL. IT IS THE PHILOSOPHY OF THE ORGANIZATION TO ESTABLISH A COMPENSATION PACKAGE FOR EACH INDIVIDUAL THAT REFLECTS THE MEDIAN OF THE MARKET AS ESTABLISHED BY THE OUTSIDE CONSULTANT. |

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization
JOHN MUIR HEALTH

Employer identification number
94-1461843

Part I Bond Issues (Required for 2008)

| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|---|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | | Yes | No | Yes | No |
| A | CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AUTHORITY | 68-0164610 | 130911J84 | 05-10-2005 | 50,290,253 | SEE SCHEDULE O | | X | | X |
| B | CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AUTHORITY | 68-0164610 | 130911Y87 | 06-14-2006 | 203,016,972 | SEE SCHEDULE O | | X | | X |
| C | CALIFORNIA STATEWIDE COMMUNITY DEVELOPMENT AUTHORITY | 68-0164610 | 130795UC9 | 05-02-2008 | 145,800,000 | SEE SCHEDULE O | | X | | X |

Part II Proceeds (Optional for 2008)

| Part II - Proceeds (Optional for 2000) | | A | | B | | C | | D | | E | |
|--|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| 1 | Total Proceeds of Issue | | | | | | | | | | |
| 2 | Gross Proceeds in Reserve Funds | | | | | | | | | | |
| 3 | Proceeds in Refunding or Defeasance Escrows | | | | | | | | | | |
| 4 | Other Unspent Proceeds | | | | | | | | | | |
| 5 | Issuance Costs from Proceeds | | | | | | | | | | |
| 6 | Working Capital Expenditures from Proceeds | | | | | | | | | | |
| 7 | Capital Expenditures from Proceeds | | | | | | | | | | |
| 8 | Year of Substantial Completion | | | | | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 9 | Were the bonds issued as part of a current refunding issue? | | | | | | | | | | |
| 10 | Were the bonds issued as part of an advance refunding issue? | | | | | | | | | | |
| 11 | Has the final allocation of proceeds been made? | | | | | | | | | | |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | | | | | | | | | | |

Part III Private Business Use (Optional for 2008)

| | A | | B | | C | | D | | E | |
|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | | | | | | | | | |
| 2 Are there any lease arrangements with respect to the financed property which may result in private business use? | | | | | | | | | | |

Part III Private Business Use (Continued)

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3b Are there any research agreements with respect to the financed property which may result in private business use? | | | | | | | | | | |
| 3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | | | |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | | | | | | | | | |

Part IV Arbitrage (Optional for 2008)

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T been filed with respect to the bond issue? | | | | | | | | | | |
| 2 Is the bond issue a variable rate issue? | | | | | | | | | | |
| 3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records? | | | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of hedge | | | | | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | | | | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of GIC | | | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | | | | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | | | | | | | | | | |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the
Treasury
Internal Revenue
Service

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
JOHN MUIR HEALTH

Employer identification number
94-1461843

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? | | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | To | From | | | Yes | No | Yes | No | Yes | No |
| JANE WILLEMSSEN HOUSING RELOCATION | | X | 100,000 | 73,750 | | No | Yes | | Yes | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total | | | | 73,750 | | | | | | |

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Additional Data

Software ID:
Software Version:
EIN: 94-1461843
Name: JOHN MUIR HEALTH

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction \$ | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|--|------------------------------|---|---|----|
| | | | | Yes | No |
| JOHN MUIR MEDICAL GROUP | COMMON BOARD MEMBERS | 224,082 | CONTRACT FOR PROFESSIONAL SERVICES | | No |
| MUIR MEDICAL GROUP IPA | COMMON BOARD MEMBERS | 1,119,811 | PREMIUM REVENUE NET OF CONTRACT FOR PROFESSIONAL SERVICES | | No |
| CONTRA COSTA PATHOLOGY | BOARD MEMBER IS AN OWNER AT CONTRA COSTA PATHOLOGY ASSOCIATES | 1,112,988 | CONTRACT FOR PROFESSIONAL SERVICES | | No |
| MICHAEL BAKER MD | FAMILY MEMBER OF A BOARD MEMBER | 20,577 | CONTRACT FOR PROFESSIONAL SERVICES | | No |
| CONTRA COSTA CARDIOLOGY MEDICAL GROUP INC | BOARD MEMBER IS A MEMBER AT CONTRA COSTA CARDIOLOGY MEDICAL GROUP, INC | 259,209 | CONTRACT FOR PROFESSIONAL SERVICES | | No |
| WILLIAM K HODDICK MD | BOARD MEMBER | 174,920 | CONTRACT FOR PROFESSIONAL SERVICES | | No |
| RANDALL K WENOKUR MD | BOARD MEMBER | 121,448 | CONTRACT FOR PROFESSIONAL SERVICES | | No |

OMB No. 1545-0047

Attachment to Form 990. To be completed by organizations to provide additional responses to specific questions for the Form 990 or to provide any additional information.

2008

Inspection

Education Enrollment

[illegible]

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization
JOHN MUIR HEALTH

Employer identification number
94-1461843

Part I Identification of Disregarded Entities

| (A) Name, address, and EIN of disregarded entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Total income | (E) End-of-year assets | (F) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part II Identification of Related Tax-Exempt Organizations

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Exempt Code section | (E) Public charity status (if section 501(c)(3)) | (F) Direct controlling entity |
|--|--|--|----------------------------|---|----------------------------------|
| JOHN MUIR HEALTH FOUNDATION 1400 TREAT BLVD WALNUT CREEK, CA94597 94-2650855 | SOLICITATION OF FUNDS FOR JOHN MUIR HEALTH | CA | 501(C)(3) | 7 | N/A |
| JOHN MUIR PHYSICIAN NETWORK 1400 TREAT BLVD WALNUT CREEK, CA94597 68-0360801 | MANAGE HEALTHCARE OPERATIONS WITH JOHN MUIR HEALTH | CA | 501(C)(3) | 11 TYPE 1 | N/A |
| JOHN MUIR BEHAVIORAL HEALTH 1400 TREAT BLVD WALNUT CREEK, CA94597 68-0249685 | PROMOTION OF WELLNESS AND HEALTH RELATED ACTIVITIES IN THE COMMUNITY | CA | 501(C)(3) | 3 | N/A |
| JOHN MUIRMT DIABLO COMMUNITY HEALTH FUND 1400 TREAT BLVD WALNUT CREEK, CA94597 91-1788973 | PROVIDE HEALTH SERVICES TO THE COMMUNITY | CA | 501(C)(3) | 11 TYPE 1 | N/A |
| | | | | | |
| | | | | | |
| | | | | | |

Part III Identification of Related Organizations Taxable as a Partnership

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income (related, investment, unrelated) | (F) Share of total income | (G) Share of end-of-year assets | (H) Disproportionate allocations? | | (I) Code V—UBI amount on Box 20 of K-1 | (J) General or managing partner? | |
|--|-----------------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|---|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |
| SIERRA SURGICENTER ASSOCIATES 1601 YGNACIO VALLEY ROAD STE 100 WALNUT CREEK, CA94598 68-0146096 | MEDICAL SERVICES | CA | N/A | RELATED | -281,285 | 224,318 | | No | | Yes | |
| JOHN MUIR MAGNETIC IMAGING 1400 TREAT BLVD WALNUT CREEK, CA94598 68-0202020 | DIAGNOSTIC IMAGING | CA | N/A | RELATED | 3,701,114 | 8,422,526 | | No | | Yes | |
| NEUROSCAN 115 LA CASA VIA STE 202 WALNUT CREEK, CA94598 68-0017617 | DIAGNOSTIC IMAGING | CA | N/A | RELATED | 5,630,405 | 7,936,871 | | No | | Yes | |
| BAY AREA SURGICAL VENTURES 30 S WACKER DR STE 2302 CHICAGO, IL60606 20-3052802 | INVESTMENTS - MEDICAL SERVICES | CA | N/A | RELATED | -78,740 | 4,436,917 | | No | | | No |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

| (A) Name, address, and EIN of related organization | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Type of entity (C corp, S corp, or trust) | (F) Share of total income | (G) Share of end-of-year assets | (H) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| CARIDIAN PHYSICIAN SERVICES INC 700 YGNACIO VALLEY BLVD WALNUT CREEK, CA94596 68-0297913 | MEDICAL SERVICES | CA | N/A | C | | | 100 000 % |
| MT DIABLO PRACTICE MANAGEMENT 1400 TREAT BLVD WALNUT CREEK, CA94597 68-0031326 | MEDICAL SERVICES | CA | N/A | C | | 514 | 100 000 % |
| JOHN MUIR MT DIABLO PARENT COMPANY 1400 TREAT BLVD WALNUT CREEK, CA04597 90-0060434 | INACTIVE | CA | N/A | C | | | 100 000 % |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part V Transactions with Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | Yes | |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | Yes | |
| 1j | Yes | |
| 1k | Yes | |
| 1l | Yes | |
| 1m | | No |
| 1n | Yes | |
| 1o | Yes | |
| 1p | Yes | |
| 1q | | No |
| 1r | | No |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (A) Name of other organization(s) | (B) Transaction type(a-r) | (C) Amount Involved |
|---|---------------------------------|------------------------|
| (1) See Additional Data Table | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Additional Data

[Return to Form](#)

Software ID:
Software Version:
EIN: 94-1461843
Name: JOHN MUIR HEALTH

Form 990, Schedule R, Part V - Transactions with Related Organizations

| (A) Name of other organization | (B) Transaction type(a-r) | (C) Amount Involved (\$) |
|--|------------------------------|-----------------------------|
| (1) JOHN MUIR PHYSICIAN NETWORK | A | 1,771,057 |
| (2) JOHN MUIR BEHAVIORAL HEALTH | A | 903,318 |
| (3) JOHN MUIR HEALTH FOUNDATION | A | 115,260 |
| (4) JOHN MUIR MAGNETIC IMAGING | A | 232,340 |
| (5) NEUROSCAN | A | 216,174 |
| (6) SIERRA SURGICENTER ASSOCIATES | A | 134,335 |
| (7) BAY AREA SURGICAL VENTURES | A | 438,353 |
| (8) JOHN MUIRMT DIABLO COMMUNITY HEALTH FUND | B | 1,882,565 |
| (9) JOHN MUIR PHYSICIAN NETWORK | I | 1,771,057 |
| (10) JOHN MUIR BEHAVIORAL HEALTH | I | 903,318 |
| (11) JOHN MUIR HEALTH FOUNDATION | I | 115,260 |
| (12) JOHN MUIR MAGNETIC IMAGING | I | 232,340 |
| (13) NEUROSCAN | I | 216,174 |
| (14) SIERRA SURGICENTER ASSOCIATES | I | 134,335 |
| (15) BAY AREA SURGICAL VENTURES | I | 438,353 |
| (16) JOHN MUIR PHYSICIAN NETWORK | K | 67,155 |
| (17) JOHN MUIR BEHAVIORAL HEALTH | K | 726,472 |
| (18) JOHN MUIR PHYSICIAN NETWORK | L | 30,538,845 |
| (19) JOHN MUIR BEHAVIORAL HEALTH | L | 262,500 |
| (20) JOHN MUIR MAGNETIC IMAGING | L | 807,832 |
| (21) NEUROSCAN | L | 1,658,671 |
| (22) JOHN MUIR PHYSICIAN NETWORK | O | 2,189,212 |
| (23) JOHN MUIR MAGNETIC IMAGING | P | 103,153 |
| (24) NEUROSCAN | P | 254,194 |
| (25) JOHN MUIR HEALTH FOUNDATION | C | 596,515 |
| (26) JOHN MUIR PHYSICIAN NETWORK | J | 627,655 |
| (27) JOHN MUIR PHYSICIAN NETWORK | B | 1,412,545 |
| (28) JOHN MUIR HEALTH FOUNDATION | B | 50,000 |
| (29) JOHN MUIR HEALTH FOUNDATION | L | 1,357,339 |
| (30) JOHN MUIR HEALTH FOUNDATION | N | 1,357,339 |

Form **4562**
Department of the
Treasury
Internal Revenue
Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment
Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

| | | |
|---|---|----------------------------------|
| Name(s) shown on return JOHN MUIR HEALTH | Business or activity to which this form relates | Identifying number 94-1461843 |
|---|---|----------------------------------|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|---|---|---------|
| 1 Maximum amount See the instructions for a higher limit for certain businesses | 1 | 250,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 800,000 |
| 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|--|------------------------------|------------------|
| 6 | | |
| 7 Listed property Enter the amount from line 29 | 7 | |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 | 10 | |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 . ▶ | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | |
|---|----|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2008 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

| | | | | | |
|----------------|--|--|--------|-----|-----|
| 20a Class life | | | | S/L | |
| b 12-year | | | 12 yrs | S/L | |
| c 40-year | | | 40 yrs | MM | S/L |

Part IV Summary (See instructions)

| | | |
|--|----|--------|
| 21 Listed property Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr | 22 | 15,149 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation/deduction | (i) Elected section 179 cost |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) | | | | | | 25 | | |
| 26 Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | S/L - | | | |
| | | % | | | S/L - | | | |
| | | % | | | S/L - | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | 28 | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | 29 | | |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal(noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

| | Yes | No |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2008 tax year (see instructions) | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2008 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report. | | | | | 44 |